

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/535458

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|-----------------|--------------------------|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | | |
| EXAMINATION FEE | | |
| SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | 133 minus 100 = | 33 150 = |
| TOTAL CHARGEABLE CLAIMS | 38 minus 20 = | 18 |
| INDEPENDENT CLAIMS | 8 minus 3 = | 5 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐ OR

OTHER THAN
SMALL ENTITY

| RATE | FEE |
|------------|-----|
| BASIC FEE | |
| EXAM. FEE | |
| SEARCH FEE | |
| X \$ 125 = | |
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL | |

OR

| RATE | FEE |
|------------|------|
| BASIC FEE | 300 |
| EXAM. FEE | 200 |
| SEARCH FEE | 400 |
| X \$ 250 = | 250 |
| X \$ 50 = | 900 |
| X \$ 200 = | 1000 |
| + \$ 360 = | |
| TOTAL | 3050 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|---|---|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 25 | Minus ** 38 | = 0 |
| Independent | * 4 | Minus *** 8 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|-----------------------|------------------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL ADDI- T. FEE | |

OR

| RATE | ADDI- TIONAL FEE |
|-----------------------|------------------------|
| X \$ 50 = | 0 |
| X \$ 200 = | 0 |
| + \$ 360 = | |
| TOTAL ADDI- T. FEE | 0 |

| | (Column 1) | (Column 2) | (Column 3) |
|--|---|---|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE |
|-----------------------|------------------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL ADDI- T. FEE | |

OR

| RATE | ADDI- TIONAL FEE |
|-----------------------|------------------------|
| X \$ 50 = | |
| X \$ 200 = | |
| + \$ 360 = | |
| TOTAL ADDI- T. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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